



State
Technical
College
of Missouri

STUDENT PAYMENT PLAN

One Technology Drive
Linn, MO 65051

Phone: 573-897-5121
Fax: 573-897-4656
www.statetechmo.edu

Student's Name: _____ Student's SS#: _____ ID# _____

Cell Phone: (_____) _____ Email: _____

PLAN OPTIONS

- FALL – 4 payments – August 1 to November 1
- FALL – 3 payments – September 1 to November 1
- SPRING – 4 payments – January 1 to April 1
- SPRING – 3 payments – January 1 to March 1
- SUMMER – 3 payments – May 1 to July 1
- OTHER Plan - _____ Payments

PLAN BALANCE \$ _____

PAYMENT DATE	PAYMENT AMOUNT

FINANCIAL RESPONSIBILITY AGREEMENT CREDIT AGREEMENT AND NOTE NOTICE

This credit agreement and note will remain in force unless revoked by State Technical College of Missouri.

I understand that all charges on my account must be paid in full before financial aid funds received by State Technical College of Missouri on my behalf are disbursed directly to me.

I further understand that failure to pay any installment completely and by the due date may result in my enrollment being cancelled without notice.

I further understand and agree as follows:

1. That I may pay more than the monthly payment at any time.
2. That the monthly payment is due the 1st of each month.
3. That if my payment is not received at State Technical College of Missouri by the 15th a 2% late fee will be assessed on the balance.
4. That if any changes in my schedule could result in a change to my estimated financial aid and/or the amount due on my payment plan, and
5. That the College reserves the right to deny credit for future semesters, and
6. That the College may make changes in the future in the terms of my account by mailing to me a written notice of any such changes prior to their effective dates as prescribed by law and that any such amendments shall apply to outstanding balances on my account as well as to future transactions, and
7. That if I fail to make any scheduled payment when due, the entire amount of the unpaid charges and interest due under this agreement will become immediately due and payable without notice to me.

I have read and agree to be bound by the printed Terms of Credit Agreement.

I hereby apply for the credit agreement and will pay per the terms of my chosen payment option. This agreement is executed in compliance with the Missouri Consumer Protection Act and Federal Truth-in-Lending laws:

STUDENT'S SIGNATURE _____ DATE _____

STC REPRESENTATIVE APPROVAL SIGNATURE _____ DATE _____

ANYHOLDER OF THE CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL THE CLAIMS AND DEFENSES WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT THERE TO OR WITH PROCEEDS HEREOF. RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID THE DEBTOR HEREUNDER.